

# **California Department of Corrections and Rehabilitation's**

## **Office of Audits and Court Compliance**



## **Corrective Action Plan**

### **Substance Abuse Treatment Facility and State Prison**

**August 2010**

# Adult and Juvenile Peer Reviews Area of Responsibility

The Office of Audits and Compliance (OAC) Adult and Juvenile Peer Reviews are a coordinated effort to include: The Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services.

OAC only conducts follow-up reviews in our areas of responsibility. This responsibility includes Business Services, Education, Administrative Segregation Due Process and Security and Escape Prevention.

OAC is not responsible for follow-up reviews in the following areas: Office of Correctional Safety; Office of Court Compliance; Classification Services Unit; Case Records Administration; Inmate Appeals Branch; Division of Facilities Management; and Enterprise Information Services' Information Security Office.

Follow-up reviews conducted by OAC are scheduled as follows:

- If adult institutions/prisons/facilities score below 90 percent in Security and Escape Prevention and in Education, a six month follow-up is scheduled.
- If adult institutions/prisons/facilities score below 85 percent in Administrative Segregation Due Process, a six month follow-up is scheduled.
- The Business Services section schedules a follow-up based on the number of findings at the institution/prison/facility.

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**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY  
CORRECTIVE ACTION PLAN  
ADMINISTRATIVE SEGREGATION DUE PROCESS**

**Institution's Acronym:** CSATE

**Peer Review Start and End Dates:** OCTOBER 26-30, 2009

**Division, Department or Facility (if applicable):** DEPARTMENT OF CORRECTIONS AND REHABILITATION

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
17d	CONDITIONS OF SEGREGATED HOUSING: The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A1 at least every 90 days or at anytime this form becomes difficult to read.	AD/SEG LIEUTENANTS	Audit and update all files, be provided On the Job Training. (Proof of Practice: Provide memo stating audit completed, deficiencies corrected and copies of OJT sheets)	11/24/09	
2	DUE PROCESS: WRITTEN NOTICE - The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.	AW COMPLEX-I	Provide On the Job Training to Facility Captains, and Ad Seg Counseling staff in regards to proper documentation. OJT to include Lieutenants.	12/3/09 6/28/10	
5b	Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an Investigative Employee will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.	AW COMPLEX-I	Provide On the Job Training to Facility Captains and Ad Seg Counseling staff in regards to proper documentation. (Proof of Practice, memo documenting training topics and copies of OJT sheets).	12/3/09	
5c	Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.	AW COMPLEX-I	Provide On the Job Training to Facility Captains and Ad Seg Counseling staff in regards to proper documentation. (Proof of Practice, memo documenting training topics and copies of OJT sheets).	12/3/09	

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6e	If appropriate, were the Staff Assistant and the Investigative Employee identified in the CDC 128-G?	AW COMPLEX-I	Provide On the Job Training to Ad Seg Counseling staff and ICC Chairpersons in regards to proper documentation.(Proof of Practice, memo documenting training topics and copies of OJT sheets).	12/3/09	
6f	If appropriate, was the witness portion addressed in the CDC 128-G?	AW COMPLEX-I	Provide On the Job Training to Ad Seg Counseling staff and ICC Chairpersons in regards to proper documentation. (Proof of Practice, memo documenting training topics and copies of OJT sheets).	12/3/09	
1	ADMINISTRATION: TRAINING - All staff working in specialized units are to receive specialized training centering around that unit's operation and program.	AD/SEG LIEUTENANTS	Audit IST files for all staff assigned over 12 months. Identify specific deficiencies and provide On the Job Training to those staff. (Proof of Practice: Copy of IST printout highlighting all 39 staff).	12/5/09	
4	POST ORDER - FIREARMS: Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.	AD/SEG LIEUTENANTS	Audit post orders, correct with addendum.	12/5/09	
6	POST ORDER - EMPLOYEE SIGNATURE: Employees under post orders are required to sign and date the Post Order Acknowledgment Form (CDC 1860), verifying their understanding of the duties and responsibilities for the post. This shall be completed when the employee is assigned to the post, when the post order has been revised, or upon returning from an extended absence.	AD/SEG LIEUTENANTS	Complete audit, identify specific discrepancies and remedy. (Proof of Practice: Copy of signed acknowledgment forms).	12/5/09	

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6a	POST ORDER - SUPERVISOR: Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their Post Orders upon assuming thier post.	AD/SEG LIEUTENANTS	Complete Audit, identify specific discrepancies and remedy. (Proof of Practice: Copy of MAR and signed Post Order acknowledgment forms with names highlighted).	12/5/09	

# California Substance Abuse Treatment Facility and State Prison at Corcoran

## CORRECTIVE ACTION PLAN

### BUSINESS SERVICES

Institution's Acronym: CSATF

Peer Review Start and End Dates: Oct. 19 - Nov. 5, '09

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ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW
<b>I. ADMINISTRATIVE CONCERNS</b>					
I. A.	<p><b><u>Nepotism</u></b></p> <p>There are instances of nepotism based on a review of Organizational Charts. For example, there is a husband and wife working in the Accounting Office, a father and son working in Canteen, and a husband and wife working in Clothing who report to the same supervisor.</p> <p>This condition could adversely affect or influence fair and impartial supervision and evaluation of employees.</p> <p>DOM, Section 33010.25, states in part: "Employees involved in such relationships may work in the same program, section, or unit. However, appointments or assignments shall not be made where the employee would: Work for the same supervisor, have a direct (first line supervisor) or indirect supervisory relationship (second line supervisor), audit the work of, or exercise fiscal control over that person with whom they have a relationship, regardless of organizational separation...work in a program, section or unit within close proximity of each other."</p>	Personnel	<p><b>Reviewed the nepotism policy. Analyzed the Organizational Charts and determined that nepotism exists.</b></p> <p><b>A memorandum was submitted for the Warden's approval identifying husband and wife in accounting satisfying the requirements set forth. Father and son in Canteen as well as mother and son in clothing were were placed under different supervisors.</b></p> <p><b>See attachment I.A.</b></p>	12/1/09	

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I. B.	<p><b><u>Duty Statements</u></b></p> <p>Duty Statements are not always signed and dated by employees and may not reflect current duties (i.e., Accounting and Procurement). Additionally, the Audits Branch noted that in Plant Operations the Stationary Engineers, Maintenance Mechanics, and Locksmiths are not adhering to the essential duties and responsibilities stated in the duty statements related to performing PM. This condition could result in employees not being aware of their current duties and responsibilities. SAM, Section 20050, states in part: "Information must be identified, captured, and communicated in a form and time frame that enable people to carry out their responsibilities."</p>	<p><b>Correctional Plant Manager II, Accounting Officer, Procurement Service Officer II</b></p>	<p><b>Duty statements have been updated and include job changes, signatures, dates, and tasks.</b></p> <p><b>See attachment I.B. through I.B.46.</b></p>	4/29/10	



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I. C.	<p><b><u>Sentence Reducing Credits</u></b></p> <p>During the review of the CDCR 1697s, the Audits Branch noted that an inmate worked a total of 15.5 hours within the last 19.5 months and may be receiving sentence reducing credits which he is not entitled to receive because he does not work the minimum required hours per day.</p> <p>This condition could result in inmates receiving a sentence reduction based on ineligible working days.</p> <p>CCR, Title 15, Section 3045, Timekeeping and Reporting, states in part: "(a) Inmate timekeeping logs. The attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log. If the assignment began or ended during the reporting month, the date(s) of such activity shall be recorded on the timekeeping log. . Only the symbols designated on the timekeeping log shall be used to document the inmate's attendance. The symbol(s) and applicable hours for each day shall be recorded in the space corresponding to the calendar day.</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Correct and required time worked by inmates have been reflected on Inmate Work Supervisor logs (CDC 169). Training has been given to all staff who supervise inmate workers and copies of completed (10% random draws) of Inmate Time Logs have been attached as proof of practice.</b></p> <p><b>In mitigating this finding, directions were given to Plant Manager to meet with the Institutional Pay Committee to delete all positions that are being given "S" time. Deletion of position is contingent on Inmate Pay Committee actions in deleting these positions.</b></p> <p><b>See attachment I.C.</b></p>	12/29/09	

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I. C.	<p><b><u>Sentence Reducing Credits cont.</u></b></p> <p>This log shall be the reference for resolving complaints or appeals and shall be retained at a secure location designated by the facility management for a period of 4 years from the date of completion. (1) Staff shall record the work or training time and absences of each inmate assigned to their supervision each day as they occur. At intervals designated by the institution head, the supervisor shall: (A) Enter the totals, hours worked and ETO (Excused Time Off) hours used in the designated columns of timekeeping log. (B) Sign the log to authenticate the information. (C) Forward the log to the division head for review and approval. (2) Mismanagement or falsification of an inmate timekeeping Log may result in adverse action and/or prosecution. (b) Security of timekeeping logs...."</p>	<p><b>Correctional Plant Manager II</b></p>	<p>Correct and required time worked by inmates have been reflected on Inmate Work Supervisor logs (CDC 169). Training has been given to all staff who supervise inmate workers and copies of completed (10% random draws) of Inmate Time Logs have been attached as proof of practice.</p> <p>In mitigating this finding, directions were given to Plant Manager to meet with the Institutional Pay Committee to delete all positions that are being given "S" time. Deletion of position is contingent on Inmate Pay Committee actions in deleting these positions.</p> <p>See attachment I.C.</p>	12/29/09	

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<b>II. HEALTH AND SAFETY</b>					
II. A. 1.	<p><b><u>Environmental Health and Safety; HCP</u></b></p> <p>There are several deficiencies noted in the areas of Plant Operations and Food Services regarding the HCP. Deficiencies by locations are as follows:</p> <p>Carpenter Shop: The perpetual chemical inventory is not consistently maintained.</p> <p>Grounds Shop: Pesticides and herbicides and other chemicals are not separated. Porous wooden pallets are used as secondary containment. MSDS are not maintained and updated. Perpetual chemical inventory is not consistently maintained.</p> <p>Paint Shop: Muriatic acid is stored above pressurized cans. Unidentified chemicals are stored in containers without labels.</p> <p>Stationary Engineers Shop: Refrigerant recovery cylinders are not tested every five years. The Audits Branch noted that cylinders are seven years past the certification date. Refrigerant usage is not maintained in accordance to Environmental Protection Agency (EPA) guidelines.</p>	<b>Correctional Plant Manager II</b>	<p>In correcting deficiencies relative to the Hazardous Communication Program; correct chemical inventories as well as proof of correct storage when applicable of pesticides and herbicides have been updated. Also, all MSDS's are correctly maintained and updated and all unidentified chemicals are stored with correct labeling. Proof of training has been completed.</p> <p>See attachment II.A.I.</p>	12/24/09	

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II. A. 1.	<p><b><u>Environmental Health and Safety; HCP cont.</u></b></p> <p>Central Kitchen: Chemical inventory logs are not maintained. This condition could result in exposing employees to hazards that may pose a threat to life, health, and safety. CCR, Title 8, Section 5194, Hazard Communication Program, states in part: "Department heads shall monitor daily compliance with this procedure in the areas of their responsibility . . . Each area supervisor shall ensure that every person required to work with or use hazardous, toxic, volatile substances is appropriately trained". DOM, Section 52030.2, states: "This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state and local laws or ordinances." DOM, Section 52030.4.1, states in part: "Maintain a constant daily inventory of all hazardous substances used or stored." DOM, Article 17, Section 22080.3, Responsibility-Program Fiscal Audits Branch (PFAB), states in part: "PFAB shall assist the Director and other departmental executives with increasing the effectiveness of management by systematically reviewing departmental activities to provide recommendations for improvements."</p>	Correctional Plant Manager II	<p><b>In correcting deficiencies relative to the Hazardous Communication Program; correct chemical inventories as well as proof of correct storage when applicable of pesticides and herbicides have been updated. Also, all MSDS's are correctly maintained and updated and all unidentified chemicals are stored with correct labeling. Proof of training has been completed.</b></p> <p><b>See attachment II.A.I.</b></p>	12/24/09	

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II. A. 1.	<p><u>Environmental Health and Safety; HCP cont.</u></p> <p>Environmental Protection Agency (EPA), Title VI, Section 608, states in part: “. . . appliances that contain 50 or more pounds of refrigerant must keep servicing records documenting the date and type of service, as well as the quantity of refrigerant added.”</p> <p>Department of Transportation Cylinder Maintenance, Retest and Certification Requirements, Visual Inspection and Hydrostatic Testing of Cylinders 173.34 (General Requirements), states in part: “. . . (c) Cylinder marking. Each required marking on a cylinder must be maintained so that it is legible. Retest markings and original markings which are becoming illegible may be reproduced by stamping on a metal plate which must be permanently secured to the cylinder . . . (e) Periodic qualification and marking of cylinders. Each cylinder that becomes due for periodic retest . . . must be retested and marked in conformance with the requirements of this paragraph (e).”</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>In correcting deficiencies relative to the Hazardous Communication Program; correct chemical inventories as well as proof of correct storage when applicable of pesticides and herbicides have been updated. Also, all MSDS's are correctly maintained and updated and all unidentified chemicals are stored with correct labeling. Proof of training has been completed.</b></p> <p><b>See attachment II.A.I.</b></p>	12/24/09	

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II. A. 2.	<p><b><u>Hazardous Waste (HW)</u></b></p> <p>The HW Accumulation site does not have warning signage. This condition could result in employees accessing a dangerous area where hazardous materials are stored. CCR, Title 22, Section 66265.14, Security, states: "Unless the owner or operator has made a successful demonstration under subsections (a) (1) and (a) (2) of this section, a sign with the legend, "Danger Hazardous Waste Area-Unauthorized Personnel Keep Out," shall be posted at each entrance to the active portion of a facility, and at other locations, in sufficient numbers to be seen from any approach to this active portion. The legend shall be written in English, Spanish and in any other language predominant in the area surrounding the facility, and shall be legible from a distance of at least 25 feet. Existing signs with a legend other than "Danger Hazardous Waste Area-Unauthorized Personnel Keep Out" may be used if the legend on the sign indicates that only authorized personnel are allowed to enter the active portion, and that entry onto the active portion can be dangerous."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>Signage at the Hazardous Waste Accumulation site have been posted. Copy of work order has been attached.</b></p> <p><b>See attachment II.A.2.</b></p>	<p style="text-align: center;">1/15/10</p>	

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II. B. 1.	<p><b><u>Backflow Devices</u></b></p> <p>There are several deficiencies related to backflow devices. For example, a master list was not provided, periodic test and maintenance reports do not reflect whether backflow devices passed or failed tests, retest procedures are incomplete, date fields are incomplete and/or incorrect and the type of backflow device (Double Check or Pressure Vacuum Breaker Assembly) or test method applied is incorrect. This condition could result in difficulty identifying all backflow devices and determining whether tests have been performed. California Plumbing Code, Section 603.3.2, states: "The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required." SAPMS guidelines states in part: ". . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment." California Department of Health Services, Drinking Water and Environmental Management Division, recommends that test results be kept on file in a central location.</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Deficiencies regarding back flow devices have been corrected such as the replacement of the master list, periodic test and maintenance reports have been updated to reflect the pass or fail of backflow devices. Also, retest procedures have been completed and dated. Poof of training of staff who perform required testing and procedure to assure correction of all listed defiencies have been attached.</b></p> <p><b>See attachment II.B.1.</b></p>	12/29/09	

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II. B. 1.	<p><b><u>Backflow Devices cont.</u></b></p> <p>The City of Avenal Notice dated September 5, 2008, states: "California Administrative Code (Title 17, Chapter 5, sub-chapter 1, group 4, Article 3-7605, requires that backflow prevention devices be tested at least once a year.) Repairs or replacement must be made if the device is defective, and records of test, repairs and overhauls be kept and available to the purveyor (City of Avenal)."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p>Deficiencies regarding back flow devices have been corrected such as the replacement of the master list, periodic test and maintenance reports have been updated to reflect the pass or fail of backflow devices. Also, retest procedures have been completed and dated. Poof of training of staff who perform required testing and procedure to assure correction of all listed defiencies have been attached.</p> <p>See attachment II.B.1.</p>	12/29/09	



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II. B. 2.	<p><u>IIPP</u></p> <p>Communicating work place hazards is not performed in accordance with the SATF's IIPP. For example, staff are not supplied with access to hazard information pertinent to work assignments and Codes of Safe Practices. Also, Hazard Evaluations are not maintained at the Maintenance Warehouse, the Electronic Technicians, Electricians, Paint, and Carpenter shops. This condition could result in employees not performing their duties and responsibilities in a safe manner. Office of Audits and Compliance 6 II. Health and Safety Audits Branch SATF Audit Report DOM, Section 31020.3, Objectives, states in part: "All systems shall meet or exceed the minimum safety and health standards of the General Industry Safety Orders (GISO), CCR, Title (8); Manual of Standards for American Correctional Association (ACA); National Fire Protection Association (NFPA); Life Safety Codes; H&amp;SC; and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control." SATF's IIPP states: "Supervisors are responsible for ensuring that staff is supplied access to hazard information pertinent to their work assignments. (I.e. work area postings). " SATF's IIPP, Supervisors' Responsibilities, states: "Implementing measures to eliminate or control workplace hazards and communicating pertinent hazards to employee."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p>Comply with DOM, and SATF's IIPP program, and provide hazardous information and evaluations.</p> <p>-----</p> <p>All staff have been issued a Code of Safe Practice. Staff has signed these statements and are being kept in their Plant Ops Supervisory Files. This code will be reviewed bi-annually and signed off annually when they are signed their Individual Development Plan.</p> <p>See attachment II.B.2.</p>	4/29/10	

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II. B. 3.	<p><b><u>Safety Meetings</u></b></p> <p>Safety meetings are not conducted for each maintenance section at least every ten days and written minutes taken. Eighty percent of the shops tested did not conduct and document consistent safety meetings. This condition could result in employees not being aware of safety issues that may be required to ensure a safe and injury free workplace. CCR, Title 8, Article 3, Section 8406(e), IIPP, states in part: "... supervisory personnel shall conduct "toolbox" or "tailgate" safety meetings with their crews at least weekly on the job to emphasize safety. A record of such meetings shall be kept, stating the meeting date, time, place, supervisory personnel present, subjects discussed and corrective action taken, if any, and maintained for inspection."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>Tailgate Safety Meetings are completed on a weekly basis. All signed OJT and meeting minutes are turned into Plant Operations' compliance room for proof of practice.</b></p> <p><b>See attachment II.B.3.</b></p>	12/23/09	

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II. C. 1.	<p><b><u>Maintenance Warehouse; Eye Wash Station</u></b></p> <p>The emergency eye wash station located in the Maintenance Warehouse does not have a record or log available for review which indicates that the eye wash station is properly operating. Office of Audits and Compliance 7 II. Health and Safety Audits Branch III. Internal Control SATF Audit Report This condition may result in an increased threat to life, health, and safety. CCR, Title 8, Section 5162(a), states: "Plumbed eyewash equipment should be activated weekly to flush the line and to verify proper operation." The American National Standards Institute (ANSI) Z358.1-1990 recommends that a written log be maintained to verify its operation.</p>	<b>Correctional Plant Manager II</b>	<p>The eye wash stations in Plant Operations warehouse is on a quarterly preventative maintenance program. Additionally, per Title 8 Section 5162 (e) only a monthly inspection is required. Plant Operations has been conducting a weekly inspection of this eyewash station in our IIPP inspections. Copies of this inspection are kept in our IIPP inspection file. Attached is a sample of the IIPP inspection form with a maintenance request order.</p> <p>Per the American National Standards Institute (ANSI) Z358.1-1990 recommendation, a written log is maintained to verify the operation and is kept at the supervisor's desk for review.</p> <p>See attachment II.C.1.</p>	12/24/09	

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II. D. 1.	<p><b><u>Support Warehouse; Contamination</u></b></p> <p>The plastic entry curtains, located in the cold food storage in the Support Warehouse, have fungus/mildew growing on them. Additionally, they are cracked and broken. This condition results in staff coming in contact with fungus and mildew. California Retail Food Code (CRFC), Section 114257, states: "All facilities, equipment, and utensils are to be kept clean, operative and in good repair."</p>	Procurement Service Officer II	<p>A work order was completed on 12/21/09 (attached) to replace curtains. OJT and schedule for cleaning was completed on 12/24/09.</p> <p>See attachment II.D.1.</p>	12/24/09	

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III. INTERNAL CONTROL					

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III. A. 1.	<p><b>Payroll/Accounting; Salary Warrants</b></p> <p>Staff receiving and distributing salary warrants are also processing personnel documents (e.g., timekeepers process CDC 998-As). As of October 27, 2009, there were four instances of staff distributing salary warrants and processing personnel documents (i.e., Complex I, Business Services, Records, and an Inmate Assignment Lieutenant). This condition could result in late detection of errors and irregularities, theft, and misappropriation. Office of Audits and Compliance 8 III. Internal Control Audits Branch SATF Audit Report SAM, Section 8580.1, states: "State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents to SCO, Division of Personnel and Payroll Services. Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: d. Absence and Additional Time Worked Report form, STD. 634 (the STD. 634 has been replaced by the CDC 998-A). Departments will review duties at least semiannually or more often if necessary to comply with this section."</p>	Accounting Officer	<p><b>A memorandum was issued to all departments found with this discrepancy. Corrections were completed and persons whom are designated to receive, handle, and distribute salary warrants are no longer authorized to process or sign personnel documents. Proof of practice is attached.</b></p> <p><b>See attachment III.A.1.</b></p>	2/10/10	
III. B. 1.	<p><b><u>Inmate Trust Accounting; Authorized Signature Memorandum</u></b></p>	Accounting Officer		2/2/10	

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III. B. 2.	<p><b><u>Parole Release Fund Reconciliation</u></b></p> <p>Parole Release Fund Reconciliation sheets were not available from July 1, 2009 through October 5, 2009. This condition could result in late detection of errors and irregularities, theft, and misappropriation. Office of Audits and Compliance 9 III. Internal Control Audits Branch SATF Audit Report SAM, Section 7908, states: "All reconciliations will show the preparer's name, reviewer's name, date prepared, and date reviewed." SAM, Section 8111.2, states in part: ". . . the frequency of the reconciliation should be done monthly, quarterly or annually depending on the size of the fund...An employee other than the custodian of the change or petty cash fund will count it in accordance with the following schedule and report the count to the Accounting Officer. Funds over \$2500.00 will be counted monthly if not prescribed more frequently by Fiscal Systems and Consulting Unit, Department of Finance."</p>	<b>Accounting Officer</b>	<p><b>Parole Release Fund Reconciliation sheets for July 1, 2009 through October 5, 2009 as well as the recorded months have been completed and are available for review. OJT was provided and copies are attached.</b></p> <p><b>See attachment III.B.2.</b></p>	3/9/10	

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III. C. 1.	<p><b><u>Procurement; Inventory Adjustments</u></b></p> <p>Inventory adjustments are not approved by the Business Manager or above. They are approved by the Procurement and Services Officer in the Support Warehouse, the Correctional Plant Manager in the Maintenance Warehouse. Additionally, the inventory adjustments are not signed for Non Drug Medical supplies. This condition could result in late detection of errors, irregularities, theft, and/or misappropriation. SAM, Section 10860, Physical Inventories, states: "The business manager, after he has satisfied himself as to the propriety of the adjustments, will authorize the adjustment of the stock records by signing the list of the inventory adjustments...." DOM, Section 22030.12.6, states: "Review and approval of all inventory adjustments shall be made by the Business Manager at the institutions...This review and approval shall be documented on a STD. Form 157, Property Listing Adjustment Sheet."</p>	<p style="text-align: center;"><b>Correctional Business Manager II</b></p>	<p>At the time of the initial, auditors reviewed inventory adjustment forms that were signed off by the acting CBMII. The PSOI was acting in a capacity of the CBMII while the CBMII was on vacation. It should be noted since February of 2010, adjustments are now validated and approved by the CBMII via the new BIS system.</p> <p>See attachment III.C.1.</p> <p>Also in regards to CPM signing for the maintenance inventory adjustments and other stocked warehouses with the exception of any medical supplies. All medical stocked warehouse supplies are under the direct supervision of the Chief Medical Officer.</p>	2/1/10	



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III. C. 2.	<p><b><u>Interoffice Requisition-Local (CDCR-954)</u></b></p> <p>One person certifies that goods are essential and funds are available, and this person also approves the CDCR 954 (i.e., Medical). Exacerbating this issue is that it is difficult to determine whether the person certifying and approving is at an appropriate level. Office of Audits and Compliance 10 III. Internal Control Audits Branch IV. Late Detection and Additional Workload SATF Audit Report This condition could result in late detection of errors and irregularities, theft, and misappropriation. SAM, Section 20500, Internal Control, states in part: "...elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 1. A plan of organization that provides segregation of duties appropriate for proper safeguarding of state assets...3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures...."</p>	Procurement Service Officer II	<p><b>Proof of practice assuring separation of duties between person certifying goods are essential and funds are available and the person approving 954's is attached.</b></p> <p>See attachment III.C.2.</p>	12/29/09	

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III. C. 3.	<p><b><u>Purchasing Authority Purchase Order (Std. 65)</u></b></p> <p>A change to a Std. 65 order resulted in an increase of \$8,263 but was not properly authorized. This condition could result in management being unaware of changes to previously approved purchase orders. State Contracting Manual, Volume 2, Chapter 8, Purchase Documents, page 6, states in part: "... only authorized personnel delegated signature authority by department management may sign purchase documents on behalf of the State. Original signatures are required on purchase documents."</p>	Procurement Service Officer II	<p><b>Proof of practice indicating all changes to purchase orders are correctly completed, documented and authorized. Copies of corrected PO's are attached .</b></p> <p><b>See attachment III.C.3.</b></p>	11/3/09	

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<b>IV. LATE DETECTION AND ADDITIONAL WORKLOAD</b>					
IV. A. 1.	<p><b><u>Personnel Transactions; Hiring Files</u></b></p> <p>There are deficiencies related to the five hiring files reviewed. For example, there is no clear scoring method used, organization charts are not signed and attached, suggested responses were not available and negative reference checks were not documented. This condition could result in difficulty defending complaints and determining why a hire was made. Hiring Process Memorandum dated April 21, 2003, states in part: "All hiring interview and reference materials should be kept in a secure and confidential area.... The material should include a copy of the JOB (Job Opportunity Bulletin) and any other recruitment information, all applications received, screening criteria, interview questions, rating criteria, panel members' notes, and hiring justification or notes."</p>	<b>Personnel</b>	<p>(1) Each hiring authority was given the option to set up their scoring method, remaining fair and consistent for hiring purposes. This institution's scoring method consists of Highly Competitive, Competitive, and Non-Competitive.</p> <p>(2) Suggested responses were utilized on questions pertinent to the specific position, however, occasionally some very general questions were utilized allowing the candidate to express themselves to get an overview of their skills and knowledge, etc. Suggested responses will be used on all future interviews.</p> <p>(3) Our past practice was to identify negative findings on the supervisory cover sheet, however, the auditor stated the information should also be noted on the hiring memo. This practice is now in place.</p> <p>(4) All organizational charts, including those maintained with the in house documents, are currently being signed as required.</p> <p>See attachment IV.A.1.</p>	12/1/09	

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IV. A. 2.	<p><b><u>California Leave Accounting System</u></b></p> <p>The CLAS does not reflect accurate time. For example, when an employee does not have sufficient leave balances and is docked, the dock is not recorded into the CLAS. This occurred in seven of the ten Payroll Units tested for the August 2009 pay period. In addition, one unit has not established accounts receivable for docks. This condition results in late detection of inappropriate use of leave and inaccurate attendance records. Administrative Bulletin (AB) 04-01, Attendance Record Policy – Bargaining Unit (BU) 06 and Aligned Non-Represented Employees, states in part: “The Department of Personnel Administration (DPA) Rules, Sections 599.665 and 599.702, Government Code (GC) Section 19849, and the Fair Labor Standards Act (FLSA), Chapter VI, requires all departments to maintain complete and accurate time and attendance records for each employee covered by the FLSA.” CDCRs policy establishes a process and time frame for submitting time and attendance record to the Personnel Office to meet mandated requirements.</p>	<b>Personnel</b>	<p><b>Personnel Specialists and Supervisors were provided refresher training regarding the importance of following the mandatory procedure of posting all employee Docks into the California Leave Accounting System. Overtime is approved allowing Specialists time to audit and establish AR's for employees who have not submitted a CDC 998-A or who were on dock status.</b></p> <p><b>See attachment IV.A.2.</b></p>	2/28/10	

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IV. A. 3.	<p><b><u>Payroll</u></b></p> <p>It appears that the Personnel Supervisor processed her own payroll for August 2009. This condition could result in late detection of errors, irregularities, theft, and/or misappropriation. SAM, Section 20050, Internal Controls, states in part: "Furthermore, GC 13403 states in part: "... the elements of a satisfactory system of internal accounting and administrative controls, shall include, but are not limited to: 2. A plan that limits access to state assets to authorized personnel who require these assets in the Office of Audits and Compliance 12 IV. Late Detection and Additional Workload Audits Branch SATF Audit Report performance of their assigned duties. 3. A system of authorization and record keeping procedures adequate to provide effective accounting control over assets, liabilities, revenues and expenditures."</p>	<b>Personnel</b>	<p>The Personnel Specialist certified pay for the Supervisor and all employees in unit 261, with the exception of Personnel Staff. The Supervisor certified pay for the rest of Personnel Staff and signed the Std. 672. The Supervisor's signature left the perception that she certified her own pay. The Supervisor and Specialist are currently both signing/certifying the Std. 672's.</p>	12/1/09	

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IV. A. 4.	<p><b><u>CDC 998-A</u></b></p> <p>Supervisors are approving CDC 998-As without the appropriate substantiation for sick leave. For example, Bereavement Leave was used versus Bereavement Leave Fiscal, and the relationship is not always noted on the CDC 998-A. This condition results in late detection of inappropriate use of leave and creates additional workload for personnel staff (i.e., making adjustments and corrections). AB 04-01, Attendance Record Policy – BU 06 and Aligned Non-Represented Employees, states in part: “Supervisor Responsibility – PPAS [Personnel Post Assignment System] and Non – PPAS, The Supervisor will: Review the CDC Form 998-A (October 1992) or (August 1999) for accuracy and completeness. Determine whether leave credit use is appropriate in accordance with the MOU [Memorandum of Understanding] (R06) or DPA Rules (S06, C06, and M06). Sign and date CDC Form 998-A to certify that it is correct and complete....”</p>	<b>Personnel</b>	<p><b>Transactions received refresher training to reiterate the importance of keying leave usage using the appropriate codes and ensuring completed substantiation is attached to the 998-A's. Also reminded that Incomplete documents must be returned to the supervisor to complete and/or correct.</b></p> <p><b>See attachment IV.A.4.</b></p>	1/21/10	

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IV. A. 5.	<p><b><u>Accounts Receivable</u></b></p> <p>The Personnel Office has not established Accounts Receivables (ARs) for employees (i.e., custody staff) who have not submitted their CDC 998-A forms, for August 2009 (i.e., Correctional Sergeant, 23 percent; Correctional Lieutenant, 20 percent; Correctional Counselors I, 33 percent; and Correctional Counselors II, 38 percent). This condition could result in the loss of State funds, a financial hardship on employees, manipulation of time, unauthorized use of time, difficulty detecting errors, and/or irregularities, and additional workload. AB 04-01, Attendance Record Policy – BU 06, and Aligned Non-represented Employees, Section Accounts Receivable (AR), states: “Leave taken without available/approved leave credits are subject to an AR, the recovery of overpayment for the unapproved leave. Failure to turn in a completed CDC Form 998-A may Office of Audits and Compliance 13 IV. Late Detection and Additional Workload Audits Branch SATF Audit Report result in an AR established in accordance with BU 06, MOU, Section 15.12, and Side letter 4.”</p>	<b>Personnel</b>	<p><b>Project days are scheduled monthly to process ARs and other pay related issues. Copy of monthly calendar attached for reference.</b></p> <p><b>See attachment IV.A.5.</b></p>	2/28/10	

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IV. B. 1.	<p><b><u>Inmate Work Supervisor's Time Log (Prior Finding)</u></b></p> <p>CDCR 1697s are not properly maintained. The following are deficiencies noted at the two locations reviewed.</p> <p>- Paint Shop: An inmate has only worked a total of 15.5 hours within the last 19.5 months and the inmate is receiving sentence reducing credit which he is not entitled to receive because he does not work the minimum required hours per day. Inmate duty statements are not consistently signed by staff and inmates, or the duty statement is not present. A reason for using exceptional time is not consistently noted. Hours of assignment noted on the inmate duty statement do not reconcile to the CDCR 1697. The Non Correctable copy is not consistently given to the inmates. There is inadequate documentation when inmates transfer to different position numbers.</p> <p>- Grounds Shop: Initials are used to certify the CDCR 1697 instead of signatures. Hours of assignment noted on the inmate duty statement do not reconcile to the CDCR 1697.</p> <p>This condition could result in late detection of irregularities and errors. DOM, Section 5313.10.1, states in part: "S" with the number of hours an inmate is unable to report to work through no fault of the inmate...Additional entries position/assignment number of the inmate...." CCR, Title 15, Section, 3045, Timekeeping and Reporting, states: "(a) Inmate timekeeping logs. The attendance of each inmate assigned to a credit qualifying assignment shall be recorded daily on an approved timekeeping log. This log shall be the reference for resolving complaints or appeals and shall be retained at a secure location designated by the facility management for a period of 4 years from the date of completion. (2) Mismanagement or falsification of an inmate timekeeping log may result in adverse action and/or prosecution."</p>	<p><b>Correctional Plant Manager II</b></p>	<p>Training have been provided to shop supervisors to assure the accuracy of time logs.</p> <p>The paint/ground shop inmates have been identified as inmate crews that need to be substantially reduced to eliminate any excess "S" time. In mitigating this finding, directions were given to Plant Manager to meet with the Institutional Pay Committee to delete all positions that are being given "S" time. Deletion of position is contingent on Inmate Pay Committee actions in deleting these positions.</p> <p>Completion date indicates date of training.</p> <p>See attachments IV.B.1.</p>	12/29/10	



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IV. B. 2.	<p><b>EMERGENCY GENERATORS</b></p> <p>Testing and maintenance of the emergency generators is not documented in accordance with IMU and SJVAPCD. The Audits Branch noted the following deficiencies: Based on documentation provided, the annual load bank tests were not completed on generators 1- 4, and the generator at the Correctional Treatment Center (CTC). Logs maintained by SATF Electricians/Stationary Engineers do not reconcile to the SAPMS data base and do not reflect the asset number. Staff are not certifying logs with a signature. There are three different versions of the maintenance log for the CTC generator. Scheduled maintenance is not documented and performed in accordance with SATF's published schedule.</p> <p>This condition may result in difficulty proving that emergency generators are tested timely. The lack of systematic maintenance may result in failures if there is an emergency.</p> <p>IMU memorandum, "Emergency Power Generator Systems," dated December 21, 1999, directs institutions to conduct load bank tests on emergency generators and recommends that the institution incorporate all assets and tasks into the SAPMS.</p> <p>Permit Unit Requirements SJVAPCD, permit unit C-195-10-1, Section 7, states: "The permittee shall maintain records of hours of emergency and non-emergency operation. Records shall include the date, the number, of hours of operation, the purpose of the operation (e.g., load testing, weekly testing, rolling blackout, general area power outage, etc) and the sulfur content of the fuel used. Such records shall be retained on-site for a period of five years and made available for district inspection upon request. [District Rules 1070, 2520, 9.4.2, and 4701, 6.2.2, 6.2.3.] Federally enforceable through Title V permit."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>Attached for your review is proof of practice that annual load testing is being accomplished.</b></p> <p><b>See attachment IV.B.2.</b></p>	12/29/10	

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IV. B. 3.	<p><b><u>Equipment Maintenance Data Summary Sheets</u></b></p> <p>Trades staff are not preparing Equipment Maintenance Data Summary Sheets when a new piece of equipment is installed (e.g., ovens, steamers, griddles, and coffee makers). This condition could result in equipment not being tagged and a PM schedule not established. Department Plant Operation Maintenance Procedures Manual, Section 2.D.5 and SAPMS guidelines, states, "All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the Equipment Maintenance Summary Data Sheets following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM...."</p>	<b>Correctional Plant Manager II</b>	<p><b>Plant Operations Trade staff have been trained on how to properly complete an EMDSS and submit in a timely manner. Newly completed EMDSS were forwarded to the SAPMS manager on 12/30/09.</b></p> <p><b>See attachment IV.B.3.</b></p>	12/30/09	

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IV. B. 4.	<p><b>PM</b> There are several deficiencies related to PM.</p> <ul style="list-style-type: none"> <li>- During the period sampled, March 2009 through September 2009, 13,124 PM work orders were generated, of the which, 31 percent were placed into deferred and cannot complete categories.</li> <li>- Asset history reports are not requested or reviewed by supervisors.</li> <li>- A PM program is not adhered to in the Main Kitchen. For example, 49 assets were sampled, of which, 25 were not maintained per the published PM schedule.</li> <li>- Equipment/assets were not always clearly identified with the standard equipment code on each piece of equipment (SAMPAS tags). This condition was noted in food services where 49 percent of assets tested were not tagged.</li> </ul> <p>This condition could decrease equipment efficiency, increase downtime, and result in additional cost for repairs. Facility Management Division (FMD) 0100, Section H, Preventive Maintenance, states in part: "Plant Operations will provide preventive maintenance on all mechanical equipment and structures within the institutional grounds. Preventive Maintenance is Plant Operations' main objective following emergency repairs as defined above." SAPMS guidelines, states in part: "... establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised." CRFC, Article 5, Premises and Facilities, Section 114257, states: "All facilities, equipment, and utensils to be kept clean, operative, and in good repair."</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>PM Work orders that were placed in differed and cannot complete categories were done so by the directions of SAMPAS. If a PM work order can not be completed by the work order due date then we have to place it in one of the two categories listed. A PM work order may not be completed for various reasons such as sick, furlough, or redirection of staff. Plant Operations has trained Supervisors on utilizing the asset history of the PM Work system.</b></p> <p><b>See attachment IV.B.4.</b></p>	12/28/09	

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IV. B. 5.	<p><b><u>Work Requests and Work Orders</u></b></p> <p>The procedure which establishes an orderly and standardized method for processing work requests and work orders is not followed. For example:</p> <p>Telephone Work Order Log (Emergencies)</p> <ul style="list-style-type: none"> <li>- The logs do not note the time of call. The logs do not consistently delineate the problem or maintenance deficiency.</li> <li>- Work requests generated by the logs do not have approvals to proceed from Plant Operations supervisors.</li> </ul> <p>Work Order Coordinators (WOC)</p> <ul style="list-style-type: none"> <li>- There are three different versions of the Plant Operation's Work Request (CDCR 2184).</li> <li>- Work Order requests are submitted without Department Head/Supervisor Authorization.</li> <li>- Log number formats are not consistently standardized and cannot be reconciled with SAPMS Work Order numbers.</li> </ul> <p>SAPMS Manager</p> <ul style="list-style-type: none"> <li>- Work Order Requests are not returned to WOCs for clarification, corrections or approvals.</li> <li>- Work Order Requests are not reconcilable with SAPMS work order numbers (i.e., 14 of 31 requested by the Audits Branch could not be located).</li> <li>- Work Orders are processed without supporting documentation (hard copies) and/or are submitted without complete information.</li> </ul> <p>Supervisors</p> <ul style="list-style-type: none"> <li>- Work Order Requests are not approved or prioritized by supervisors prior to generation (e.g., of the 31 Work Order Requests reviewed, none were approved).</li> <li>- Completed Work Orders are not consistently reviewed by Supervisors prior to submission to the SAPMS Manager.</li> </ul>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations has established an orderly and standard method for processing work requests and work orders, telephone work order logs, work order coordinators, SAPMS Manager, Supervisors and Weekly Work Order Sheets in accordance with FMD0100. In addition, a WOC coordinator has been selected for each institutional department. Plant Operations staff has been trained.</b></p> <p><b>See attachment IV.B.5.</b></p>	12/28/09	

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IV. B. 5.	<p><b><u>Work Requests and Work Orders cont.</u></b>  Plant Operations Weekly Work Order Sheet (CDCR 2186)  - Of the seven CDCR 2186 forms reviewed, one had a discrepancy related to hours worked. For example, seven hours were noted on the CDCR 2186, but two hours were inputted into the SAPMS database. (Work Order Number 391144). This condition could result in difficulty establishing an orderly and standardized process in accordance with FMD 0100.</p> <p>DOM, Section 11010.12.4.4 and FMD 0100, Section D, Emergency Work Orders, states in part: "When emergency work is required, a call should be placed to the Plant Operations work order desk. The work order staff will forward the emergency information to the appropriate supervisor...Section F, Work Request Review: All work request received by Plant Operations must be logged into the SAPMS to ensure accountability prior to the supervisor's approval. A priority of the work request will be determined by the supervisor. If the work request needs clarification Plant Operations will attach a work request return form...."</p> <p>Section I, SAPMS Program requirements for Plant Operations Staff, for Demand Work orders corrective maintenance:  a) Asset (or bar code) number.  b) Correct location of asset, building and room numbers are mandatory information.  c) Parts and materials used, cost if available.  d) Total man hours against work order.</p> <p>Effective August 1, 2009, local operating procedures for the processing of work request and work orders, and projects are no longer authorized...Each of the following departments will designate an employee to be the Work Order Coordinator  Office of Audits and Compliance 18 IV. Late Detection and Additional Workload Audits Branch SATF Audit Report (WOC) for the department, Food Services, Procurement, Housing Units, Central Services, Medical and Education. The responsibility of the WOC will to track all work request submitted by the department...."</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations has established an orderly and standard method for processing work requests and work orders, telephone work order logs, work order coordinators, SAPMS Manager, Supervisors and Weekly Work Order Sheets in accordance with FMD0100. In addition, a WOC coordinator has been selected for each institutional department. Plant Operations staff has been trained.</b></p> <p><b>See attachment IV.B.5.</b></p>	12/28/09	

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IV. B. 6.	<p><b><u>Plant Operations Maintenance Report</u></b></p> <p>The POM Report is not used as a tool to monitor, evaluate and correct deficiencies. During our review, the Audits Branch noted the following deficiencies:</p> <ul style="list-style-type: none"> <li>- The Locksmith, Building Maintenance Workers, and Maintenance Mechanics are not meeting minimum hours for a pay period.</li> <li>- Priorities are not established. For example, 60 percent of the work order hours in the Carpenter Shop are spent on non-maintenance service requests (Priority 4) compared to only 9 percent for PM (Priority 2). In the Maintenance Mechanic Shop, 30 percent of work order time is spent on Priority 4 work orders compared to 19 percent for Priority 2 work orders.</li> <li>- The Paint Shop received 30 emergency (Priority 1) work orders and completed only 12. Additionally, installing signs and benches does not meet emergency criteria (Work Order number 385870).</li> <li>- The "Open Emergency Work Order" report and the POM Report do not reconcile.</li> </ul> <p>This condition could result in inaccurate reports being provided to management.</p>	<p><b>Correctional Plant Manager II</b></p>	<p>Training was given to all Correctional Plant Supervisors instructing them on the review of various reports and approval process. This should satisfy the source that documents are before input.</p> <p>The CPMII, SAPMS Manager, and the Correctional Plant Supervisors meet monthly to review the SAPMS report for work order status', prioritization, and compliance.</p> <p>See attachment IV.B.6.</p>	12/28/09	

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IV. B. 6.	<p><b><u>Plant Operations Maintenance Report cont.</u></b></p> <p>DOM, Section 11010.12.4.4, Facilities Maintenance Unit, states in part: "The Facilities Management Unit (FMU) is responsible for the development, implementation, administration, support, and compliance reviews of the Standard Automated Preventive Maintenance System (SAPMS) and the maintenance program at all State facilities. The unit is also responsible for developing, administering, and updating the maintenance program section in DOM. The unit shall:</p> <ul style="list-style-type: none"> <li>- Conduct on-site operational reviews to provide technical consultation and evaluate compliance with the SAPMS.</li> <li>- Review and analyze the institutions' database for the inclusion of major systems (electrical, electrified fence, Heating Ventilation Air Condition (HVAC), personal alarms, water, wastewater, etc.) as defined, but not limited to the Functional Inventory Guide of the SAPMS."</li> </ul> <p>FMD 0100, Section E, states in part: "Work Order Priorities: Listed below are the departmental definitions of work order priorities:</p> <ol style="list-style-type: none"> <li>1. Emergency Maintenance is maintenance requested due to problems that pose an immediate threat to institutional security and/or the health and safety of staff and/or inmates.</li> <li>2. PM is maintenance that is scheduled to be performed on a repeating basis . . .</li> <li>3. Non-maintenance service requests include services to programs that are not performed on a repeating basis...."</li> </ol>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Training was given to all Correctional Plant Supervisors instructing them on the review of various reports and approval process. This should satisfy the source that documents are before input.</b></p> <p><b>The CPMII, SAPMS Manager, and the Correctional Plant Supervisors meet monthly to review the SAPMS report for work order status' and compliance.</b></p> <p><b>See attachment IV.B.6.</b></p>	12/28/09	

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IV. C. 1.	<p><b><u>Inmate Trust Accounting; Group Accounts</u></b></p> <p>There are multiple deficiencies related to Group Accounts. By-Laws are outdated (i.e., 2001) for the two active group accounts. One by-law was not signed by the Chief Deputy Warden and Warden. By-Laws do not specify the persons authorized to withdraw, use of moneys, etc., in accordance with SAM. Source documents (i.e., authorization for withdrawal and receipts) for donations and/or withdrawals are not available and staff appear to be unaware of the need to retain source documents for this purpose. This condition could result in late detection of irregularities. SAM, Section 19440.1, states: "Each trust account established shall be supported by documentation as to the type of trust, donor or source of trust moneys, purpose of the trust, time constraints, persons authorized to withdraw or expend funds, specimen signatures, reporting requirements, instructions for closing the account, disposition of any unexpended balance, and restrictions on the use of moneys for administrative or overhead costs. This documentation will be retained until the trust is dissolved."</p>	<b>Accounting Officer</b>	<p><b>Accounting is currently reviewing all account withdrawals to ensure they are authorized. In addition, the by-laws are being updated. Additionally, source documents are being retained for all transactions to ensure compliance.</b></p> <p><b>See attachment IV.C.1.</b></p>	7/1/10	



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IV. C. 2.	<p><b><u>Obligations/Holds</u></b></p> <p>The process for tracking when inmates receive items, such as eyeglasses is inadequate. For example, two of the three inmates tested did not have funds deducted from their trust account for several months because accounting was not made aware that the inmates received the eyeglasses.</p> <p>This condition could result in loss of funds to the State. Inmate Trust Accounting Office Operations Guide (ITAOOG) 235, states in part: "A hold placed on incoming checks will automatically drop in 30 days and may never cause a problem for the inmate." Inmate Trust Fund Memorandum, states in part: "All holds that cannot be collected in the 30-day period will be released." ITAOOG 5315, states: "If there are insufficient funds for the entire price, a hold should be placed on the balance due. Once a new draw period begins in which the inmate is "wholly without funds", the hold is removed and the balance of the purchase price is written off. See Artificial Appliance Indecency Test."</p>	<b>Accounting Officer</b>	<p><b>Training was provided to staff and a copy of the monitoring system is attached.</b></p> <p><b>See attachment IV.C.2.</b></p>	3/9/10	

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IV. D. 1.	<p><b><u>Procurement; Delegations</u></b></p> <p>There are deficiencies related to purchase delegations. For example, DVBE/SB is not verified in some cases, there are an insufficient number of bids and Purchase Orders that do not include the fair and reasonable pricing justification. This condition could result in loss of delegation. DOM, Section 22030.6.4.2, Price Quotes, states in part: ". . . for all purchases over \$100 but less than \$500 use the Delegated Purchase Program, two price quotes shall be sought (from the vendor awarded the order and an alternate). For all purchases of \$500 and above, a minimum of two price quotes from competitive vendors shall be secured. A copy of the price quotes shall be indicated on or attached to the audit copy of the delegation order. When the commodity to be purchased is proprietary (sole source), no quotes are necessary. However, a statement concerning the nature of the purchase (why it is proprietary) shall be included in the file. Items available through a state contract, and state price schedules, including PIA [Prison Industry Authority], may not be purchased under this delegation. Bids shall be solicited on a cost per item basis. When established price lists are available, percentage discounts shall be used to determine the most competitive vendor. A price quote that remains unchanged in a time period, not to exceed three months, can be used as a bid for repetitively purchased items. A single price quote can be used in lieu of frequent and redundant phone quotes each time the item is ordered during this time period."</p>	Procurement Service Officer II	<p><b>Fair and Reasonable Pricing and Purchase sheet attached.</b></p> <p><b>See attachment IV.D.1.</b></p>	11/6/09	

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IV. D. 2.	<p><b><u>S&amp;Es</u></b></p> <p>There are deficiencies related to S&amp;Es. For example, some S&amp;Es do not have approval dates, the rate of pay is not included in the scope of services, the number of attachments do not reconcile with the S&amp;E, two of the five S&amp;Es tested do not have the tax ID number, one S&amp;E was approved for more than the quote, and the S&amp;E log is incorrect.</p> <p>This condition could result in difficulties disputing claims by vendors and commencing services prior to approval.</p> <p>DOM, Section 22030.9, Service and Expense Order, states: "Services for repair, rental of equipment, classroom space, and other minor services from private vendors, costing less than \$500, can be obtained by using a CDC Form 1063, Service and Expense Order. This form shall be used in lieu of the STD Form 2, Standard Agreement. Prior to any service being performed and expenses incurred, approval in writing shall be obtained from business management staff. Services performed may require labor and materials. Transactions with less than 10 percent labor charges are purchases and shall be obtained on either a sub purchase or delegated purchase program order. Transactions with greater than 50 percent labor charges are services and can be obtained using the service and expense order form. Transactions with labor charges between 10 percent and 50 percent require consultation with an Office of Procurement formal bid buyer to determine the appropriate method for acquisition. Services of a minor nature normally do not require competitive bidding, but staff shall identify and employ cost effective methods when contracting for services from private vendors."</p>	Procurement Service Officer II	<p>Copies of corrected S&amp;E's attached. OJT completed.</p> <p>See attachment IV.D.2.</p>	11/6/09	

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IV. D. 2.	<p><u>S&amp;Es cont.</u></p> <p>DOM, Section 22030.9.1, states in part: "The data requirements for Service and Expense Order are as follows:</p> <ul style="list-style-type: none"> <li>- Area of "Service and Expense Order"</li> <li>- Vendor: enter the vendor name and vendor contact providing the service.</li> <li>- Bill to: enter name of facility receiving the service and name of the person the vendor is to contact.</li> <li>- S and E number - enter the unit's service order number.</li> <li>- Work order number - optional field. When possible, reference a maintenance work order.</li> <li>- Date: enter the date the order is prepared.</li> <li>- Nature of service and expense - enter the type of expense to be incurred.</li> <li>- Location where expense to occur: enter the building number or address where the service shall be performed.</li> <li>- Start date/completion date: enter the appropriate dates (for monitoring purposes).</li> <li>- Work to be performed: enter a full description of what is to be accomplished, including the number of hours of labor.</li> <li>- Description and cost of parts: a detailed listing of parts and materials to be obtained from the vendor.</li> <li>- Accounting requirements: to be entered by accounting office staff.</li> <li>- Signature/title: signature of person authorized to sign the service an expense order. The purchasing manager or designee is the appropriate person...."</li> </ul>	<p style="text-align: center;"><b>Procurement Service Officer II</b></p>	<p><b>Copies of corrected S&amp;E's attached. OJT completed.</b></p> <p><b>See attachment IV.D.2.</b></p>	<p style="text-align: center;">11/6/09</p>	

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IV. E. 1.	<p><b><u>Material Management; Physical Inventory - Office Moves</u></b></p> <p>Physical inventory of property is not conducted prior to office moves.</p> <p>This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.</p> <p>DOM, Section 22030.12.6, states: "For any move of an office from one building to another, an inventory shall be conducted on property items prior to and after the move is completed. This shall ensure that all property is accounted for and that property records are updated and the move completed as planned."</p>	Procurement Service Officer II	<p><b>Memorandum to all staff showing movement of property attached. OJT completed.</b></p> <p><b>See attachment IV.E.1.</b></p>	12/21/09	

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IV. E. 2.	<p><b><u>Physical Inventories</u></b></p> <p>Physical inventory of property has not been conducted since October 2006. The physical inventory of property should have been completed by October 2009. Additionally, after review of the draft memorandum regarding the Physical Inventory of Property and interviews of staff, it appears that the Property Controllers are being advised that: "the performance of a physical inventory is a Property Controllers Function" with no assistance.</p> <p>This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.</p> <p>DOM, Section 22030.12.6 and SAM, Section 8652, states in part: "The Department shall conduct a physical inventory on all property and reconcile the inventory with accounting records at least every three years...Units shall develop and carry out an inventory plan that shall include: Inventory taking, Time schedule, Count procedure (type of listing or count sheet to be used), Count assignment (statement of who shall take the inventory at the times and locations scheduled). Internal control: Inventories shall not be exclusively controlled by the custodian of the property records...."</p>	Procurement Service Officer II	<p><b>Memorandum to all staff showing timeframe of physical inventory attached. OJT completed on 12/21/09 (attached).</b></p> <p><b>See attachment IV.E.2.</b></p>	12/21/09	

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IV. E. 3.	<p><b><u>Physical Inventory - Reconciliation</u></b></p> <p>The physical inventory does not reconcile to the PCS. For example, of the 16 items tested in Accounting, five do not reconcile. Additionally, in Plant Operations a breathing apparatus (valued at approximately \$1030), multiple Televisions, and two recorders (valued at approximately \$4307) do not reconcile to the PCS/BIS. Lastly, the breathing apparatus was removed from the Institution and the Property Controller was not notified. Also, the descriptions for the two recorders are vague.</p> <p>This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.</p> <p>DOM, Section 22030.12.5, Stock Records, states: "The Department shall maintain inventory control records on all property that meets the criteria for strict accountability."</p>	Procurement Service Officer II	<p>The finding of items not reconciling to the PCS has been correcting in that STD. 158. Property transfer reports were completed. All Televisions are input into PCS/BIS.</p> <p>See attachment IV.E.3.</p> <p>Property Controller has been notified of the breathing apparatus being removed as found.</p> <p>See attachment IV.E.3.1.</p>	7/16/10	

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IV. E. 4.	<p><b><u>Maintenance Warehouse</u></b></p> <p>Four of eight items tested in the Maintenance Warehouse do not reconcile with the data available in SLAMM.</p> <p>This condition may result in inaccurate reporting in addition to late detection of errors, irregularities, theft, and/or misappropriation.</p> <p>DOM, Section 22030.10.1, Stock Records, states in part: "The stock record, which serves as a joint purchasing/financial/operational record, shall be kept current and accurate at all times. . . ."</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations warehouse staff has been trained on SLAMM tracking procedures.</b></p> <p><b>See attachment IV.E.4.</b></p>	1/6/10	



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IV. E. 5.	<p><b><u>Std. 273s</u></b></p> <p>The Std. 273s are not completed appropriately. For example, all required fields are not completed. Additionally, the Travel Logs are not submitted to the garage by staff operating State owned vehicles on and off grounds to the garage.</p> <p>This condition may result in difficulty reporting accurate vehicle mileage usage and late detection of irregularities.</p> <p>SAM, Section 4107, Travel Logs, states in part: "Agencies/departments will maintain Monthly Travel Log Form, Std. 273, on all State-owned passenger mobile equipment...."</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations has issued a memorandum with the Warden's signature to have staff turn in travel logs on a monthly basis. A report is now being generated each month to report any staff incompliance with this mandate.</b></p> <p><b>See attachment IV.E.5.</b></p>	12/29/09	

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<b>V. POLICIES AND PROCEDURES</b>					
V. 1.	<p><b><u>RPP</u></b></p> <p>Plant Operations does not have an approved written RPP.</p> <p>This condition could result in employees not following safe practices related to respiratory protection.</p> <p>CCR, Title 8, Subchapter 7, General Industry Safety Orders, Group 16, Control of Hazardous Substances, Article 107, Dusts, Fumes, Mists, Vapors and Gases, (c) Respiratory Protection Program, states: "This subsection requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator."</p> <p>The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations has attached a draft copy of our proposed Respiratory Protection Program Operational Procedure (OP). Once approved, this draft will be forwarded the Compliance Coordinator for processing.</b></p> <p><b>See attachment V.1.</b></p>	12/29/09	

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V. 2.	<p><b><u>Pest Control Operational Procedure</u></b></p> <p>There is no Operational Procedure for the Pest Control Technician; also, there is no pest control schedule, and staff are not notified of pesticide applications.</p> <p>This condition could result in difficulty administrating the pest control program and expose employees to potential harmful chemicals.</p> <p>CCR, Title 15, Subchapter 5, Article 1, 3380(c), states in part: "Subject to the approval of the Wardens, Superintendents and parole Region Administrators will establish such operational plans and procedures as are required . . . for implementation of regulations and as may otherwise be required for their respective operations. Such procedures will apply only to the inmates, parolees, and personnel under the administrator."</p> <p>Bargaining Unit 1, Agreement, states: "Whenever a department utilizes a pest control chemical in a state owned or managed building/grounds, the department will provide at least forty-eight hours notice prior to application of the chemical, unless an infestation occurs which requires immediate action. Notices will be posted in the lobby building and will be disseminated to building tenant contacts."</p>	<p><b>Correctional Plant Manager II</b></p>	<p><b>Plant Operations has attached a draft copy of our proposed Pest Control Operational Procedure (OP) and this institutions pest control spraying schedule. Once approved, this draft will be forwarded the Compliance Coordinator for processing.</b></p> <p><b>See attachment V.2.</b></p>	12/29/09	

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<b>VI. PENALTIES AND FINES</b>					
VI. A. 1.	<p><b><u>Personnel Transactions; Lump Sum Payments</u></b></p> <p>Lump sum payments are not issued within 72 hours of notification of the separation.</p> <p>Of the 19 lump sum payments reviewed, 8 were not issued within 72 hours.</p> <p>This condition could result in severe penalties, prosecution, and the institution can be held liable for treble damages.</p> <p>CDC Memorandum dated May 4, 2001, Changes to California Labor Code, Section 220, states in part: "...requires an employer (including State agencies) to provide permanently separating employees with all final pay due (including overtime and lump sum payments) on the effective date of separation if the employee notified the employer at least 72 hours prior to separation. When an employee permanently separates without providing at least 72 hours prior notification, the employer then has 72 hours from the time the employee provides the notification to give him/her all final pay due...."</p>	<b>Personnel</b>	<p>All Transactions staff were previously trained on the Lump Sum Process and were provided with a packet for future use. On November 30, 2009, I forwarded the Lump Sum Training guidelines again to all Transactions staff reiterating the requirement of issuing lump sum pay to separating employees following California Labor Code Section 220, specifically, prior to the 72 hour deadline..</p> <p>FYI, four of the separated employees identified as receiving their lump sum pay after the 72 hour deadline, had been issued salary advances and were paid within the time limits. The Salary Advance process is utilized when there is not enough time for the check to be issued by SCO. The information pulled by the auditors referenced the date pay issued by SCO.</p>	5/10/10	
<b>VII. TRAINING</b>					

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VII. A.	<p><b><u>Personnel</u></b></p> <p>There are staff members in the Personnel Office who have not attended the SCO basic training courses. Staff that have not attended are a Personnel Supervisor II, a Personnel Supervisor I, a Senior Personnel Specialist, and three Personnel Specialists. The courses are:</p> <ul style="list-style-type: none"> <li>• Fundamentals of Payroll</li> <li>• Fundamentals of Personnel</li> <li>• Personnel Action Request Documentation</li> <li>• Payroll Input Process</li> <li>• CLAS Leave Accounting</li> <li>• Employment History Overview</li> <li>• Corrective Action</li> </ul> <p>The lack of these courses may hinder the staff from acquiring the skills and knowledge in order to do their job appropriately and effectively. In addition, this condition could result in errors and a hardship on employees.</p> <p>SCO, Statewide Training, Statewide Training Programs and Prerequisites, Fundamentals of Payroll, Prerequisites, states: "Must have a minimum of five months of personnel/payroll experience and have certified at least Master Payrolls for negative attendance employees that included exceptions to the payroll and Fundamentals of Personnel, Prerequisites . . . Must have one month of personnel/payroll experience."</p>	<p><b>Personnel</b></p>	<p><b>Departmental Freeze on travel prevented staff from attending. A statewide freeze exemption has been received therefore staff are being scheduled as SCO provides training.</b></p> <p><b>See attachment VII.A.</b></p>	<p>3/18/10</p>	

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**CORRECTIVE ACTION PLAN**  
**BUSINESS SERVICES**

Institution's Acronym: CSATE

Peer Review Start and End Dates: Oct. 19 - Nov. 5, '09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW
VII. B.	<p><b><u>Inmate Trust Accounting</u></b></p> <p>Of the 12 employees working in the Trust Office, 6 have not received adequate training. This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.</p> <p>DOM, Section 32010.13, states: "All employees shall receive 40 hours training annually, at least eight hours of which shall be formal classroom training. The balance can be any combination of On-the-Job Training, formal In-Service Training, or out-service training."</p>	<b>Accounting Officer</b>	<p>Headquarters Trust Control Accounting Unit (HQ TCAU) has not offered nor scheduled any upcoming training. Staff are provided OJT by more experienced staff. When HQ TCAU offers this training again then staff will be scheduled to attend. Staff have been instructed to ensure they complete their required annual training.</p> <p>See attachment VII.B.</p>	5/10/10	
VII. C. 1.	<p><b><u>Plant Operations; Confined Space Awareness</u></b></p> <p>Confined Space Awareness Training has not been conducted for 93 percent of rank and file, and 100 percent of supervisors working within Plant Operations Department during the past year.</p> <p>This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.</p> <p>CCR, Title 8, Article 108 5157(F), states in part: "Employees must receive training in confined space operations at least once per year . . . ."</p>	<b>Correctional Plant Manager II</b>	<p>Updated training was provided to all Plant Operations staff.</p> <p>See attachment VII.C.1.</p>	12/16/09	

**California Substance Abuse Treatment Facility and State Prison at Corcoran**  
**CORRECTIVE ACTION PLAN**  
**BUSINESS SERVICES**

Institution's Acronym: CSATF

Peer Review Start and End Dates: Oct. 19 - Nov. 5, '09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW
VII. C. 2.	<p><b><u>Respirator Training</u></b></p> <p>Plumbers, Stationary Engineers, and Carpenters are not adequately trained for half mask, full mask, and N95 respirators.</p> <p>This condition could make it difficult for employees to perform their duties based on current policies, procedures, and practices.</p> <p>CCR, Title 8, Subchapter 7, General Industry Safety Orders, Group 16, Control of Hazardous Substances, Article 107, Dusts, Fumes, Mists, Vapors and Gases</p> <p>(c) Respiratory Protection Program, states: "This subsection requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator."</p> <p>The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this subsection.</p>	<p style="text-align: center;"><b>Correctional Plant Manager II</b></p>	<p><b>No training has been provided for Respiratory masks until the O.P. has been approved. All Plant Operations existing respirators have been pulled out of service until training is available.</b></p> <p><b>See attachment VII.C.2.</b></p>	4/30/10	

**California Substance Abuse Treatment Facility and State Prison at Corcoran**  
**CORRECTIVE ACTION PLAN**  
**BUSINESS SERVICES**

Institution's Acronym: CSATE

Peer Review Start and End Dates: Oct. 19 - Nov. 5, '09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW
VII. C. 3.	<p><b><u>General and OJT Training</u></b></p> <p>General and OJT are not always attended and documented. For example, 78 percent of rank and file and 80 percent of supervisors have not attended Tool and Key control, 82 percent and 60 percent respectively have not attended Hazardous Material training, and only 1 percent has attended training for the IWTIP. It should be noted that Tool and Key Control training was held on October 21, 2009, for Plant Operations.</p> <p>This condition could make it difficult for employees to perform their duties based on current policies, procedures and practices.</p> <p>DOM, Section 32010.5, Definitions Training, states: "The process whereby Department employees, either individually or in groups, participate in a formalized, structured course of instruction to acquire skills and knowledge for their current or future job performance. These organized activities shall contain measurable learning objectives that can be evaluated in a classroom setting or in structured OJT.</p>	IST Manager	<p><b>Custody and Non-custody staff are being assigned to specific training dates to ensure all staff receive required training.</b></p> <p><b>See attachment VII.C.3.</b></p>	5/10/10	



**California Substance Abuse Treatment Facility and State Prison at Corcoran**  
**CORRECTIVE ACTION PLAN**  
**BUSINESS SERVICES**

Institution's Acronym: CSATF

Peer Review Start and End Dates: Oct. 19 - Nov. 5, '09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW
VII. C. 3.	<u>General and OJT Training cont.</u>  Job-Required Training: Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training made necessary by new assignments or new technology.	IST Manager	Custody and Non-custody staff are being assigned to specific training dates to ensure all staff receive required training.  See attachment VII.C.3.	5/10/10	

**INSTITUTION NAME**  
**CORRECTIVE ACTION PLAN**  
**INFORMATION SECURITY**

Institution's Acronym: CSATF

Peer Review Start and End Dates: 10/26 - 10/30-09

Division, Department or Facility (if applicable): Business Services

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
1	<p>The CDC 1857 is not on file for all computer uses. (85 percent compliance)</p> <p>All staff users to complete Form 1857 before being granted computer access. All Contractors, volunteers, or visitors who use CDCR computers have been required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (DOM, Section 48010.8 and 48010.8.2)</p>	R. Diaz, SISA	<p>The CDC 1857 were completed by staff during the Annual Tuberculosis testing held on January 13, 2010. Employees who failed to attend on this date were given make-up dates of February 8 through 12 of 2010. The CDC 1857 is also included in the new employee packet.</p> <p>In addition, employees will be mandated to complete the CDC 1857 form in conjunction with Annual Tuberculosis testing.</p>	1/13/10	

**INSTITUTION NAME**  
**CORRECTIVE ACTION PLAN**  
**INFORMATION SECURITY**

Institution's Acronym: CSATF

Peer Review Start and End Dates: 10/26 - 10/30-09

Division, Department or Facility (if applicable): Business Services

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
2	<p>The Security Awareness Self-Certification and Confidentiality Agreement forms are not file for all computers. (81 percent compliance)</p> <p>All computer users are mandated to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM, Section 49020.10.1)</p>	R. Diaz, SISA	<p>The Security Awareness Self-Certification and Confidentiality Agreement forms were completed by staff during the Annual Tuberculosis testing held on January 13, 2010. Employees who failed to attend on this date were given make-up dates of February 8 through 12 of 2010. These forms are also included in the new employee packet.</p> <p>In addition, employees will be mandated to complete the Security Awareness Self-Certification and Confidentiality Agreement forms in conjunction with Annual Tuberculosis testing.</p>	1/13/10	
3	<p>Information Security training is not current for all computer users. (82 percent compliance)</p> <p>Reviewed information security training procedures and training records maintenance. Training has been provided and documented. (DOM, Sections 49020.14.1 and 41030.1)</p>	R. Diaz, SISA	<p>Information Security training was implemented in the In-Service Training block schedule in January of 2010.</p> <p>The Information Security training is tracked by the In-Service Department. An annual report will be generated to identify non-compliant employees every March.</p>	1/4/10	

**INSTITUTION NAME**  
**CORRECTIVE ACTION PLAN**  
**INFORMATION SECURITY**

Institution's Acronym: CSATF

Peer Review Start and End Dates: 10/26 - 10/30-09

Division, Department or Facility (if applicable): Business Services

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
4	Staff computers do not have up to date antivirus software. (75 percent compliance)	R. Diaz, SISA	Additional employees were hired to address workload issues such as updating the antivirus on all staff computers. New Organizational Chart attached.  See attachment # 3.	3/2/10	
5	Staff computers do not have up to date security patches. (49 percent compliance)	R. Diaz, SISA	Additional employees were hired to address workload issues such as updating the security patches on all staff computers. New Organizational Chart attached.  See attachment # 3.	3/2/10	
6	Inmate accessed computers do not have up to date antivirus software. (30 percent compliance)	R. Diaz, SISA	Additional employees were hired to address workload issues such as updating the antivirus on all inmate computers. New Organizational Chart attached.  See attachment # 3.	3/2/10	

**INSTITUTION NAME**  
**CORRECTIVE ACTION PLAN**  
**INFORMATION SECURITY**

Institution's Acronym: CSATF

Peer Review Start and End Dates: 10/26 - 10/30-09

Division, Department or Facility (if applicable): Business Services

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
7	Inmate computers must have restricted access to the computer operating system and Disk Operating Systems commands. (51 compliance)	R. Diaz, SISA	<p>Additional employees were hired to address workload issues such as configuring inmate computers so that access is not available to the noted system files.</p> <p><b>New Organizational Chart attached.</b></p> <p>-----</p> <p><b>See attachment # 3.</b></p>	3/2/10	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
I. 8	Are the Education Monthly Report (EMR) and the Education Daily Report (EDR) accurate and being completed and submitted on a timely basis? The Artist Facilitator position is being recorded incorrectly as a bridging teacher. This is a problem with EMR program spreadsheet design and cannot be corrected at the institution level. The problem has been reported to the Superintendent of Correctional Education (A), Office of Correctional Education. The Literacy programs available at CSATF/SP were not being recorded properly on the EMR. Several position numbers for staff on the EMR were incorrect compared to those provided by the institution personnel office.	Principal	There is an error on the Office of Correctional Education format which records the Artist Facilitator as a bridging teacher. The literacy programs are now recorded properly only counting the students below 9.0. The position numbers were corrected.	12/8/09	
I.34	Are Certificates of Vocational or Academic Completion being issued to those students earning them and recorded on a tracking system? Are Certificates of Achievement issued to those students who exit the program before the Certification of Completion is earned? The Certificate of Achievement are not being properly issued although the Certificates of Completion are being issued and tracked.	Principal, Vice Principals	Teachers and Instructors were provided training and instructed they must have the certificates on a tracking sheet.	12/2/09	
I.46	Do academic, vocational, Bridging Education Program, Enhanced Outpatient Program, and Alternative Education Delivery Model enrollments meet the required program quotas (15:1, 27:1, 54:1, 120:1)? Several class student assignments are not meeting the required quotas.	Principal, Vice Principals	Work with Inmate Assignments to fill vacancies immediately and monitor vacancies daily.	1/1/10	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

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Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
I.56	Is there a High School credit program and General Education Development Testing program that follows Office of Correctional Education and State requirements? Are High School Diplomas and General Education Development Equivalency Certificates issued to qualified inmates? The Distance Learning teacher also conducts a High School program for students on a voluntary basis. However many of these students are assigned to other education classes leading to these students being double-counted on the Education Monthly Report. The Diplomas and General Education Development certificates are being issued to qualified students. However, there seems to be a flawed method of receiving students' transcripts from other schools in that the inmate is allowed to receive the transcript and submit it to the education department to verify his coursework and grades from previous schools he has attended. These transcripts should be coming directly from the previous school at the CSATF/SP Education Department in a sealed envelope to prevent fraud and forgery. The CSATF/SP Education Department should be the party that ser	High School Coordinator, Vice Principal	The High School Coordinator will list separately the students enrolled in education classes for the end of the month report.	12/2/09	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
I.58	Do all of the quarterly CDCR Form 128E and Form 154 (and/or other official student school transcripts) reports contain current and appropriate information that includes credits earned, course completions? Does the appropriate instructional staff sign all of the above reports? (Supervisory staff when instructional staff is not available) Does supervisory staff (Academic Vice-Principal/Vocational Vice-Principal) review these reports? Credits earned are not being recorded. Many CDCR Form 154 cards are not up-to-date and/or have incomplete information. Test of Adult Basic Education results and chronological reports were generally current and correctly posted.	Principal, Vice Principals, Teachers	Teacher were given clarification on issuing credits and the 154s will be audited quarterly by the Vice Principals.	12/2/09	
II.4	Is 100 percent of the CDCR curriculum recording system in-use, accurate, and current? One teacher is not reflecting late arrivals on the CDCR Form 151. The teacher stated that they were only to do so if it exceeded 30 minutes. All but this one teacher in the same facility were recording 30 minutes of late arrival for the same dates.	Vice Principals	Will receive training on the next teacher In-Service Training Day.	1/6/10	
II.6	Are Certificates of Completion or Achievement being issued to those students earning them? Most teachers are not issuing Certificates of Achievements for all students who exit their programs and have not completed the program. All teachers are issuing Certificates of Completion.	Vice Principals	Will receive training on the next teacher In-Service Training Day.	1/6/10	



# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

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Institution's Acronym: CSATF/SP  
 Peer Review Start and End Dates: 10-26-09 thru 10-30-09  
 Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
II.8	Are the required and/or elective credits in the academic subject being taught issued to inmates and recorded on the transcript? The teachers state that they are not allowed to give credits, that only the Distance Learning teacher who is runs the High School Program is allowed to authorize credits.	Vice Principals	All instructors will receive training in proper protocol to give high school credits. They will receive training on the next teacher In-Service Training Day.	1/6/10	
II.19	Is a master inventory of Test of Adult Basic Education test booklets and answer sheets maintained by the testing coordinator? A master inventory is not kept for the answer sheets. Also the master inventory needs to clearly show when test booklets or answer sheets are lost or destroyed.	Vice Principals, Testing Coordinator	The TABE testing office is now keeping a copy of the master TABE testing answer sheets.	5/1/10	
II.20	Is the Test of Adult Basic Education binder current and up-to-date with memos, purchase orders and instructions? A few memorandums were not in the Test of Adult Basic Education binder.	Vice Principals, TABE Testing Coordinator	The TABE testing office received the missing memos and have included them in the binder.	10/30/09	
II.22	Are teachers testing within 10 days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? There were multiple files where the initial Test of Adult Basic Education was not administered within 10 days of the student's initial entry into the classroom.	Principal, Vice Principal, TABE Testing Coordinator	TABE testing was suspended due to a breach in security. The Education department created an action plan to increase TABE testing security and is allowed to TABE test again.	10/15/09	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

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Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
II.31	Are teachers awarding inmates certificates for achievement/completion in Alternative Education Delivery Model programs? Teachers are awarding Certificates of Completion but not Certificates of Achievement to all students.	Vice Principals, Teachers	All teachers will turn in a log of students receiving Achievement Certificates on a monthly basis to their Supervisors.	12/14/09	
II.36	Are teachers testing inmates within 10 days of being enrolled or assigned to Alternative Education Delivery Model program? Are the inmates' Test of Adult Basic Education subtest results analyzed by the teacher for appropriate Alternative Education Delivery Model lesson/class placement? The teachers are not administering the Test of Adult Basic Education to all students as pre and post tests.	Vice Principals, Teachers	TABE testing was suspended due to a breach in security. The Education department created an action plan to increase TABE testing security and is allowed to TABE test again.	10/15/09	
II.37	Is the Alternative Education Delivery Model current enrolled/assigned inmate roster consistently kept updated? Is it given to the Vice-Principal and Principal on at least a weekly basis? The roster is given to the Vice-Principal on a monthly basis. Inmates who are assigned to Adult Basic Education classes are also voluntarily enrolled in the High School Program and therefore double-counted as Independent Study Students.	High School Coordinator, Vice Principal	The High School Coordinator will list separately the students enrolled in education classes for the end of the month report.	12/2/09	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
III.2	Do all of the classroom files reflect Test of Adult Basic Education scores that are not over 6 months old for students under the CDCR Literacy Plan and Office of Correctional Education Test of Adult Basic Education testing criteria? The teachers indicated that they were usually able to test their students within 10 days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process of catching up on overdue testing.	Principal, Vice Principal, TABE Testing Coordinator	The action plan was created and sent to the Office of Correctional Education to strengthen our TABE testing security. It is recorded which student tested in which book. All Supervisors must inventory their TABE books each month and if a teacher keeps the books more than one day they must be locked and inventoried each day.	10/15/09	
III.7	Are Trade/Industry Certifications being issued and recorded to those students earning them? The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training.	Office of Correctional Education, Vocational Vice Principal	When the Office of Correctional Education schedules Microsoft certification training, OSRT Instructors will be notified and will report for training.	9/1/10	
III.13	Are all of the vocational programs that have a nationally recognized certification programs participating in that program? The Office Services and Related Technology teachers are not Microsoft Certified. The Office of Correctional Education has not provided the funding for this training. The Landscape teacher is working towards being able to provide Pesticide certification. These teachers provide the training to their students that will enable them to pass the certification tests.	Office of Correctional Education, Vocational Vice Principal	When the Office of Correctional Education schedules Microsoft certification training, OSRT Instructors will be notified and will report for training.	9/1/10	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
III.28	Are teachers testing within three days of the student's initial entry into the classroom, as well as quarterly testing based on the Test of Adult Basic Education matrix? The teachers indicated that they were usually able to test their students within 10 days of initial entry to the class. However there was a delay of a couple of months due to the suspension of testing within the institution. Testing has now resumed and the teachers are in the process if catching up on overdue testing.	Principal, Vice Principals, TABE Testing Coordinator	An action plan was sent to the Office of Correctional Education and approved to strengthen the TABE testing security. TABE testing has resumed.	10/15/09	
III.38	Are student's gains being recorded and tracked? The teachers are not administering the Test of Adult Basic Education to track. One teacher does use the Comprehensive Adult Student Assessment Test to track student progress.	Vice Principals, Teachers	Teachers were provided training to track the students' progress. Vice Principals are checking for the tracking.	1/6/10	
III.71	Is CDCR approved State frameworks curriculum being used and are course outlines present? The Physical Education teachers recently received the State frameworks curriculum and have not yet used it as a tool to add to their existing programs. They will be developing course outlines.	Principal, Vice Principal	The direction to have the Physical Education Teachers teach the adopted State Curriculum Standards has been sent to the Employee Relations Office and was to the Office of Labor Affairs, since this would be a change in working conditions.	11/1/10	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Education Compliance

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
IV.13	Within the entire institution's libraries, is there at least one encyclopedia with a copyright date within the last 5 years and one unabridged dictionary (no older than 5 years)? Does the library program have at least three directories relevant to the questions asked by the population served? There is not at least one encyclopedia with a copyright date within the last 5 years and one unabridged dictionary (not older than 5). The State budget deficit has prevented the purchase of updated books. Fiscal Year 09/10 funds are now available for the CSATF/SP Law Libraries. The Senior Librarian will submit new purchase orders for approval.	Vice Principal, Senior Librarian	It was discovered that the dictionaries and encyclopedias are less than five years old. A letter from the publisher is included.	3/1/10	
IV.18	Does the current library collection contain the number of fiction and nonfiction books mandated by CDCR? Does this include any new books purchased through Recivism Reduction Strategies (RRS) funding? The SATF library collection does not contain the number of fiction and nonfiction books mandated by CDCR. The lack of funds due to the State budget deficit and lack of library shelving space have prevented CSATF/SP from meeting this requirement. The Senior Librarian continuously seeks used book donations. Lack of funding and space is a common problem with the majority of CDCR prison libraries.	Vice Principal, Senior Librarian	Due to the spending freeze and February 18, 2010 memo authored by Matthew Cate, Secretary, the required books will not be purchased until the 2010-2011 allotment.	3/1/11	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): INMATE APPEALS

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
C. 5.	Do the dates on the appeal correspond with the dates on the IATS?	Associate Warden Complex-III	Designate staff to provide training to the Appeals Office Staff	10/21/09	
C. 6.	A review of the appeals should indicate they are complete, all dates included, and signatures included (all blanks filled in appropriately) on the CDC Form 602.	Associate Warden Complex-III	Designate staff to provide training to the Appeals Office Staff.	10/21/09	
D. 2.	The low score in this section is due to the "Returned Date" not being filled in on the 602's. Therefore, Auditors were unable to determine if Appeals were completed within the timeframes. Pursuant to CCR 3084.6(B)(1) all <u>Informal Responses</u> are to be completed within ten working days.	Associate Wardens Complex-I through IV	Designate staff to provide training to all affected custody staff.	12/23/09	
D. 3.	The low score in the area is due to the 602 not having a "Completed/Returned" to inmate date to determine if the appeal was overdue or not at First Level.	Associate Warden Complex-III	Designate staff to provide training to the Facility Captains.	10/20/09	
D. 4.	The low score in this area is due to 602's not having a "Completed/Returned" to inmate date to determine if appeal was overdue or not at Second Level.	Associate Warden Complex-III	Designate staff to provide training to the Facility Captains.	10/20/09	
E. 1.	The low score in this area is due to the First Level Responses not stating the appeal issue.	Associate Warden Complex-III	Designate staff to provide training to the Facility Captains in regard to the DOM Section 54100 Inmate/Parolee Appeals (revised 9/11/09).	10/20/09	
E. 2.	The low score in this area is due to First Level Reviews on Classification, Case Records, Staff Complaints, and Funds appeals, not restating the reason for the specific decisions being rendered. Specifically, the First Level Responses contained only the CCR Section without demonstrating a nexus to the allegation.	Associate Warden Complex-III	Designate staff to provide training to the Facility Captains in regard to the DOM Section 54100 Inmate/Parolee Appeals (revised 9/11/09).	10/20/09	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): INMATE APPEALS

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
E. 3.	The low score in this area is due to Second Level Reviews on Classification, Case Records, Staff Complaints, and Funds appeals, not restating the reason for the specific decisions being rendered. Specifically, the First Level Review contained only the CCR Section without demonstrating a nexus to the allegation.	Associate Warden Complex-III	Designate staff to provide training to the Facility Captains in regard to the DOM Section 54100 Inmate/Parolee Appeals (revised 9/11/09).	10/20/09	
G. 1.	Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) staff to ensure that training on the Appeal Procedures is carried out pursuant to DOM 54100.3.	Associate Warden Complex-III	The Appeals Coordinators shall work in conjunction with In-Service Training to provide Inmate Appeals Training to all staff. In-Service Training will provide a list of staff requiring Inmate Appeals Training. The Appeals Coordinators and the Field Training Sergeant will schedule Inmate Appeals Training for all staff as needed. Completed CDC 844 In-Service Training/On-the-Job Training Sheets will be forwarded to In-Service Training. Additionally, the Appeals Coordinators and In-Service Training Lieutenant shall glean relevant information from the monthly Inmate Appeals Branch Conference Calls and update supervisors during regularly scheduled training.	ONGOING	

NOTED/APPROVED

  
R. HALL  
Appeals Coordinator  
CSATF/SP

  
K. SANTORO  
Associate Warden Complex III  
CSATF/SP

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

Click here then click on arrow to the right to select area reviewed from drop-down list

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Administrative Segregation Bed Utilization Review

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
1	Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR review ranged from 3 to 14 days. Of the cases reviewed 98% met this expectation.	Associate Warden Complex 1	Provide training to all assigned Administrative Segregation Correctional Counselors	12/4/09	
2	Time from the initial ICC referral for CSR review to the actual CSR review ranged from 15 to 58 days. Of the cases reviewed 82% met expectations.	Associate Warden Complex 1	Provide training to all assigned Administrative Segregation Correctional Counselors	12/4/09	
3	Of the cases reviewed, there are 11 cases currently retained in ASU beyond the CSR approved retention date. This calculates to 83% compliance in this area	Associate Warden Complex 1	Provide training to all assigned Administrative Segregation Correctional Counselors	12/4/09	
4	Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 2 to 59 days. Of the cases reviewed 19% met expectations.	Associate Warden Complex 1	Provide training to all Facility Captains and CDO's	12/3/09	
5	Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged from 1 day to 16 days. Of the cases reviewed, 83% met expectations.	Associate Warden Complex 1	Provide training to all Facility Captains and CDO's	12/3/09	
6	Date from the incident occurrence to the date ISU received the incident report ranged from 2 to 155 days. Of the cases reviewed 10% met expectations.	ISU Lieutenant	Amend local DOM Supplement to incorporate Policy Memo 9/047 and train effected staff.	11/9/09	



# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

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Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable): Administrative Segregation Bed Utilization Review

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
7	Date from ISU receipt of the Incident Report to referral to DA or ISU screen out ranged from 1 day to 141 days. No numerical score was given.	ISU Lieutenant	Amend local DOM supplement to incorporate Policy Memo 9/047.	11/9/09	
8	Time from conclusion of safety concerns investigation to ICC review of investigation results ranged from 8 to 63 days. Of the cases reviewed 12% met expectations.	Associate Warden Complex 1	Provide training to all assigned Administrative Segregation Correctional Counselors	12/4/09	
9	Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 8 days to 59 days. Of the cases reviewed, 13% met this expectation.	CCIII D. Vryhof	To establish a procedure for the timely process of RVR 115's in the Records Department.	7/23/10	

**[Click here then click on arrow to the right to select area reviewed from drop-down list](#)**

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-27-09

**Division, Department or Facility (if applicable):**

[illegible]

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

### CASE RECORDS

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
	<b>HWD</b> - Lack of documentation on the CDC 850 to indicate when the LOI was initiated is not being put on the CDC 850.	HWD CCRA	OJT documented training with HWD Desk. Supervisor will monitor work.	HWD 11/12/09 CCRA 11/18/09	
	<b>HWD</b> - Inquiries are being made by phone regardless of the parole date. DOM states telephone only at 10-day audit otherwise.	HWD CCRA	OJT documented training with HWD Desk. Supervisor will monitor work.	HWD 11/12/09 CCRA 11/18/09	
	<b>HWD - Hart F68181</b> -Box for notating the date, time and intialed RO entry into ARDTS was not completed.	CCRA	OJT documented training for individual CCRA responsible and all CCRA's.	CCRA 11/18/09	
	<b>HWD - Riesgo G4776</b> -Audit team was unable to determine that the file had been given to the evaluator within the four hour time frame.	N/A	N/A <b>Comments: Hold was placed by CSP 09/09</b>	N/A	
	<b>HWD - Gonzales G23990</b> - Evaluator section of 850 was not completed and auditor was not able to determine if completed within the 4 hours. Date of contact was not completed either.	HWD	OJT documented training with HWD Desk. Will refer to C&PR for training with evaluator.	CCRA 11/18/09	
	<b>HWD - Evans G41734</b> - Two warrants placed from the same county documented on the same CDC 850.	CCRA	OJT documented training for individual CCRA responsible and all CCRA's. Supervisor monitor work.	HWD 11/09/09 CCRA 11/18/09	
	<b>HWD - Wilson V98038</b> - T/Server Exp on 4/8/09 but was not removed from OBIS until 10/12/09. Still in ARDTS.	HWD CCRA	Documented OJT for HWD person and CCRA.	CCRA 11/18/09	
	<b>ARDTS, HWD Hold List</b> - Many ARDTS HWD entries were in error. Through review it has been discovered that Intake was not reporting correctly. A couple were for other miscellaneous reasons.	INTAKE PROCESSING	Change procedure at Intake. Documented OJT for Intake person and CCRA.	CCRA 11/18/09	

# CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN

## CORRECTIVE ACTION PLAN

### CASE RECORDS

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
	<b>Warden's Checkout Order 161</b> - Parole Unit on the 161 was incorrect - 2 cases.( <b>Brewster F35982 and Cooksey T83771</b> )	PAROLES	OJT documented training for Parole Desk, CCRA, CCRS. Supervisor to monitor work.	CRT 11/19/09 CCRS 11/18/09 CCRA 11/18/09	
	<b>Warden's Checkout Order 161</b> - Information entered by OBIS at Parole had errors. 3 cases.	OBIS	OJT documented training for OBIS PT's. Supervisor to monitor work.	OBIS 11/10/09	
	<b>Warden's Checkout Order 161</b> - CDD was entered into OBIS as 1/15/2012. Inmate paroled on 10/15/09 with 3 year parole period. CDD should have been 10/15/2012. 161 was incorrect. ( <b>Lewis H85601</b> )	OBIS	OJT documented training for OBIS PT's. Supervisor to monitor work.	OBIS 11/10/09	
	<b>Warden's Checkout Order 161</b> - OBIS reflects this inmate was released pursuant to PC 3060.7 w/actual parole date of 1/16/09. Actual was 10/16/09. 161 was correct. ( <b>McLaughlin G43779</b> )	OBIS	OJT documented training for OBIS PT's. Supervisor to monitor work.	OBIS 11/10/09	
	<b>Warden's Checkout Order 161</b> - OBIS entered incorrect parole unit for inmate. 161 was correct. Entered SFV4 actually was SFV3. ( <b>Arnold F7442</b> )	OBIS	OJT documented training for OBIS PT's. Supervisor to monitor work.	OBIS 11/10/09	
	<b>Warden's Checkout Order 161, 112 Postings</b> - Errors were found on the 112 postings.	CCRA	OJT documented training for individual CCRA responsible and all CCRA's. Supervisor will monitor work.	CCRA 11/18/09	
	<b>Warden's Checkout Order 161, 112 Postings</b> - PC 3058.9 required. Was not posted on the 112 or noted on the audit sheet. Was noted on the 161 and the notice was sent. ( <b>Day F24371</b> )	CCRA	OJT documented training for individual CCRA responsible and all CCRA's. Supervisor will monitor work.	CCRA 11/18/09	

**CALIFORNIA SUBSTANCE ABUSE TREATMENT FACILITY AND STATE PRISON AT CORCORAN**  
**CORRECTIVE ACTION PLAN**  
**CASE RECORDS**

Institution's Acronym: CSATF/SP

Peer Review Start and End Dates: 10-26-09 thru 10-30-09

Division, Department or Facility (if applicable):

ITEM #	REVIEW FINDING	RESPONSIBLE PERSONNEL	ACTION TAKEN/PROPOSED ACTION	COMPLETION DATE	FOLLOW-UP REVIEW FINDINGS
	<b>Warden's Checkout Order 161, 112 Postings -</b> Inmate paroled to hold with OR SO. It was not posted on the 112. It was correctly noted on the 161. <b>(Cahoon G51646)</b>	CLOSEOUTS	OJT documented training. As a reminder for Closeouts Desk. (File is posted when closeouts mail the file out, was not posted because staff was advised to put files aside for the audit)	CCRA 11/18/09	
	<b>Warden's Checkout Order 161 Misc. Error -</b> 611 Paperwork for one inmate was placed in another inmate's file. <b>(Stewart F30682)</b>	RPS	OJT documented training for RPS and Parole Area.	CCRA 11/18/09 RPS 11/19/09	